

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9	1					
10	1	1				
11		1				
12		3				
13		3				
14		3				
15		3				
16		3				
17		5				
18		5				
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	45					
TOTAL CLAIMS	48					

18
5
20
43

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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